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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 9997

<b>SERIAL NUMBER</b> 09/753,192	<b>FILING DATE</b> 01/02/2001 <b>RULE</b>	<b>CLASS</b> 717	<b>GROUP ART UNIT</b> 2122	<b>ATTORNEY DOCKET NO.</b> 044601.0164
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**APPLICANTS**

Douglas M. Neuse, Austin, TX;  
Daniel M. Braddock JR., Austin, TX;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 07/07/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 35	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

George R Schultz  
Strasburger & Price LLP  
Suite 4300  
901 Main Street  
Dallas ,TX 75202-3794

**TITLE**

Object oriented ADN and method of converting a non-object oriented computer language to an object oriented computer language

<b>FILING FEE RECEIVED</b> 429	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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CONFIRMATION NO. 9997

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/753,192	<b>FILING DATE</b> 12/30/2000 <b>RULE</b>	<b>CLASS</b> 717	<b>GROUP ART UNIT</b> 2122	<b>ATTORNEY DOCKET NO.</b> 044601.0164
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**APPLICANTS**

Douglas M. Neuse, Austin, TX;  
Daniel M. Braddock JR., Austin, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

*Yes No*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*Yes No*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

**\*\* 07/07/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 35	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Yes</i> Examiner's Signature _____ Initials _____				

**ADDRESS**

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13601 PRESTON ROAD  
SUITE 600W  
DALLAS, TX 75240

**TITLE**

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